NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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December 8, 2020

To: Local Health Directors

From: Zack Moore, MD, MPH, State Epidemiologist

Re: Case Investigation Prioritization (2 pages – replaces version dated August 12, 2020)

During a period of widespread community transmission, existing public health case investigation capacity can be exceeded. When this occurs, efforts should be made to prioritize individuals and populations at highest risk for transmission of COVID-19.

This guidance addresses the prioritization of case investigation and may be used in combination with 'NC DHHS Contact Tracing Prioritization' guidance issued on November 20, 2020. Although interview data may not be available for all COVID-19 cases, all cases must still be reported to DPH through NC COVID (with or without interview data).

The biggest challenge to prioritization of case investigation is the limited patient data that often accompanies laboratory test results. Efforts to assure that relevant demographic variables are transmitted with the laboratory test result include the following:

- Health Director Order and subsequent administrative code rule requiring the reporting of key data fields (see the list in last pages of linked guidance).
- NC DHHS testing contracts with vendors require collection of specific demographic data at time of specimen collection and that those data be reported to NC DHHS

Case prioritization can be accomplished with the basic data elements included in laboratory test results. A key factor in determining the priority of case investigation is the time from specimen collection to the case report to public health. As such, we recommend that the most recently reported cases be prioritized first (***'last in, first out'***) and that case investigation of any cases reported more than 10 days after specimen collection be curtailed during periods when case numbers exceed investigation capacity.

Below are suggested criteria for prioritizing case investigation activities, stratified by the number of days between specimen collection and case report to public health. **To the extent possible, cases with known links to existing clusters/outbreaks should be prioritized for case investigation regardless of the length of time between specimen collection to case report.** An abbreviated case interview might also be considered to identify cases associated with settings or activities associated with higher risk of transmission, such as congregate living facilities, high-density workplaces and mass gatherings. Contact tracing prioritization should be implemented first to allow contact tracers to be cross-trained in case investigation and augment case investigation staff. If case investigation capacity is still exceeded after contact tracing prioritization, case investigation prioritization can be implemented.

Priority Level Definitions for Case Investigation†		
Priority	**Time from specimen collection to case report to public health**	**Population**
1	**Any** **('last in, first out')**	**Cases known to be linked to a cluster/outbreak** • Individuals with epidemiologic links to a known cluster or outbreak • Individuals linked to any location or event associated with two or more cases **Cases known to be living in a congregate or healthcare setting** • Individuals with an address corresponding to a congregate living setting (e.g., correctional facilities, homeless shelters, migrant farm worker housing, skilled nursing, mental health and long-term care facilities)
2	**≤ 4 days*** **('last in, first out')**	**Cases 18-59 years of age (group with largest number of potential contacts/opportunities for spread)** **Cases known to be working or potentially exposed in a high-density setting:** • Healthcare settings (e.g., acute care, skilled nursing, mental health and long-term care facilities) • Congregate settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps) • Educational institutions/schools • Critical infrastructure work settings (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) • Community settings with large numbers of people (e.g., mass gatherings, religious events). Indoor settings should be prioritized over outdoor settings.
3	**≤ 4 days*** **('last in, first out')**	**None of the above**

*Cutoff time (specimen collection to report to public health) is set at 4 days, CDC existing guidance is 6 days, and other bodies recommend 3-4 days. DPH recommended cutoff may change in the future.

† Note: LHDs may consider a phased approach to adopting these criteria and may wish to modify or incorporate other criteria based on locally available data. LHDs may also consider **CDC prioritization guidance.**

Priority Group	Recommended Case Notification Method
1-2	Notification by phone and email/text. Full case interview; elicit contacts
3	Single notification by phone, email, or text with link to isolation guidance and support. If investigation resources allow, consider abbreviated case interview to determine if case is higher priority.
ALL OTHERS	If possible, single notification by phone, email, or text with links to isolation guidance and support.